



APPLICATION FOR 2005 SESSION  
**CITY EMPLOYEE LEADERSHIP DEVELOPMENT PROGRAM**

DIRECTIONS: PLEASE COMPLETE THIS APPLICATION BY TYPING OR PRINTING CLEARLY IN BLACK INK. (NO ATTACHMENTS PLEASE).

**SELECTION CRITERIA:**

- 1) NO WRITTEN REPRIMANDS WITHIN THE PAST YEAR.  
2) MUST HAVE COMPLETED CITY OF LAREDO REQUIRED PERIOD (12 MONTHS) BY THE DEADLINE OF THE APPLICATION.

**PART I:**

<b>1. Name:</b>	<b>2. Title:</b>
<b>3. Department:</b> <b>5. Telephone (work):</b>	<b>4. Supervisor:</b>

*EMPLOYMENT*

<b>Duties in your present job:</b>

<u><b>Length of service with the City:</b></u>	<u><b>Length of service in your present job:</b></u>

<b>Number of years you have lived in Laredo:</b>

*PREVIOUS EMPLOYMENT*

<b>Employer</b>	<b>Title</b>	<b>From/To</b>	<b>Reason for Leaving</b>

*ORGANIZATIONS AND ACTIVITIES*

(LIST PROFESSIONAL, COMMUNITY AND OTHER ORGANIZATIONS  
YOU HAVE BEEN A MEMBER OF DURING THE LAST FEW YEARS)


**PART II:**

- 1) WHEN WAS THE CITY OF LAREDO FOUNDED? \_\_\_\_\_  
2 ) WHO IS OUR CURRENT MAYOR: \_\_\_\_\_  
3) NAME 3 OUT OF THE 8 COUNCIL MEMBERS ? \_\_\_\_\_  
4) HOW MANY INTERNATIONAL BRIDGES DOES THE CITY OWN AND OPERATE? \_\_\_\_\_  
5) IS LAREDO A HOME RULES CITY ? T OR F

<b>15. Identify the three most important issues or problems facing the community of Laredo?</b>
<b>A.</b>
<b>B.</b>
<b>C.</b>
<b>16. Identify solutions for the issues or problems mentioned above?</b>
<b>A.</b>
<b>B.</b>
<b>C.</b>

<b>17. What does leadership mean to you?</b>

<b>18. What do you hope to gain from your involvement in this group?</b>
<b>19. What do you consider to be your greatest accomplishment in the past year and why?</b>

**COMMITMENT STATEMENT:**

*I AGREE TO COMMIT THE REQUIRED TIME AND EFFORT NECESSARY TO PARTICIPATE IN THE LEADERSHIP DEVELOPMENT PROGRAM. FURTHERMORE, THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND PARTICIPATION REQUIRES A MINIMUM OF 5 HOURS A MONTH FROM AUGUST –JUNE INCLUDING ADDITIONAL MEETINGS, FIELD TRIPS AND OTHER EVENTS.*

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

*AS SUPERVISOR, I UNDERSTAND AND SUPPORT THIS EMPLOYEE'S PARTICIPATION IN THE LEADERSHIP DEVELOPMENT PROGRAM.*

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

*AS DEPARTMENT DIRECTOR, I RECOMMEND AND SUPPORT THIS EMPLOYEE TO PARTICIPATE IN THIS PROGRAM AND AGREE TO GIVE THE EMPLOYEE TIME OFF AS REQUIRED TO ACTIVELY BE INVOLVED IN 2004-2005.*

DEPARTMENT DIRECTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ALL APPLICATIONS MUST BE RECEIVED AT THE:  
ADMINISTRATIVE SERVICE DEPARTMENT  
618 DEL MAR BOULEVARD/1110 HOUSTON ST.  
NO LATER THAN JUNE 15, 2004 AT 5:00 P.M.

FOR MORE INFORMATION CONTACT: JERRY ELIZONDO AT 795-3072; EMAIL: JELIZONDO@CI.LAREDO.TX.US

THIS IS NOT AN EMPLOYMENT APPLICATION